

Fact Sheet: Heroin Fentanyl

THE ISSUE

- An outbreak of overdoses and deaths involving fentanyl combined with heroin or cocaine has been reported in a number of urban areas in the United States, including, among others, Chicago (IL), Detroit (MI), Philadelphia (PA), and Camden (NJ).
- The majority of overdoses and deaths related to fentanyl in combination with heroin or cocaine that are now being reported do not appear to be from the misuse of prescription-grade fentanyl.
- These reports have led to local Drug Enforcement Administration and Centers for Disease Control and Prevention investigations as well as local—and national – health information efforts to alert first responders, hospital emergency rooms, health care providers, and the community about this new public health problem.

WHAT IS FENTANYL

- Fentanyl, a schedule II prescription narcotic analgesic, is roughly 50-80 times more potent than morphine. This medication is used to manage both pain during surgery and for persons with chronic moderate to severe pain who already are physically tolerant to opiates.
- However, fentanyl also can be produced in clandestine laboratories in powder form and mixed with or substituted for heroin.

PREVENTING OVERDOSES

Persons using heroin or cocaine, or in treatment/recovery from such use need to know that:

- The potency of street-sold heroin or cocaine is amplified markedly by fentanyl.
- One may not know that the heroin or cocaine has been cut with fentanyl.
- Because the potency of the drug purchased on the street is not known, and because the inclusion of fentanyl may not be disclosed, ANY use – even a reduced dose – can result in overdose or death.
- The effects of an overdose occur rapidly, particularly with this potent combination of drugs. Critical treatment minutes can be lost because emergency room personnel may not be aware that fentanyl is not detected in standard toxicology screens.

DETECTING AND TREATING OVERDOSES

- Fentanyl-related overdoses can result in sudden death through respiratory arrest, cardiac arrest, severe respiratory depression, cardiovascular collapse or severe anaphylactic reaction.
- Routine toxicology screens for opiates will **not** detect fentanyl. Some labs can test for fentanyl when specifically requested.
- Because these drugs, in combination, can be lethal if action is not taken promptly, suspected overdoses should be treated rapidly with a naloxone injection, 0.4-2 mg IV, SC or IM every 2 to 3 minutes which should rapidly reverse symptoms related to a narcotic overdose. Naloxone can also precipitate immediate narcotic withdrawal symptoms as overdose symptoms are reversed. If there is no response after 10 minutes, a different diagnosis should be considered.